

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340088

FILED
Apr 13, 2007
Secretary of State

Entity Name: UNIVERSAL SURGICAL APPLIANCES CO.

Current Principal Place of Business:

P O BOX 3099 NORLAND BRANCH
400 N. E. 191 ST.
MIAMI, FL 33179

New Principal Place of Business:

400 NE 191 ST
MIAMI, FL 33179 US

Current Mailing Address:

P O BOX 693099
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 59-1280036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN,IRA S
400 NE 191 ST
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

LEHMAN, DAVID
400 NE 191 ST
MIAMI, FL 33179 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID LEHMAN

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LEHMAN,IRA S,
Address: 400 N. E. 191 ST.
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: LWHMAN, JUDY
Address: 400 N. E. 191 ST.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: LEHMAN, DAVID,
Address: 400 NE 191 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LEHMAN,IRA S,
Address: 400 N. E. 191 ST.
City-St-Zip: MIAMI, FL 33179 US

Title: DT (X) Change () Addition
Name: LEHMAN, JUDY
Address: 400 N. E. 191 ST.
City-St-Zip: MIAMI, FL 33179 US

Title: PD (X) Change () Addition
Name: LEHMAN, DAVID,
Address: 400 NE 191 ST
City-St-Zip: MIAMI, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEHMAN

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date